

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

EXP MAIL EH218084557-US
FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2008 MAY 20 PM 1:24

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for: ☒ 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

PAUL SHOMSHOR

Political Party (if applicable)

DEMOCRAT

Office Sought

IOWA HOUSE

District (if Senate or House)

100

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1490

2

5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Paul Shomshor

SIGNATURE OF PERSON FILING REPORT

712-325-0638

TELEPHONE

05/18/2008

DATE SIGNED

I AM FILING A MAY 14, 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

31,365.19

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

35,230.19

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

29,920.67

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

- 0 -

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

- 0 -

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

- 0 -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS
☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01/01/2008	ID# CK# 2483	GERRY GOURLEY 2821 BRIGGS WOODS RD WEBSTER CITY IA 50595		\$ 150.00	<input type="checkbox"/>
01/01/2008	ID# CK# 1236	THOMAS JOHNSON PO BOX 541 TRENTON IA 51575		100.00	<input type="checkbox"/>
01/01/2008	ID# CK# 684	EUGENE VER STEEG 1819-250TH ST. TOWNSHIP IA 51240		250.00	<input type="checkbox"/>
01/01/2008	ID# 6077 CK# 1948	IOWA PHARMACY PAC 8515 DOUGLAS - #16 DES MOINES IA 50322		100.00	<input type="checkbox"/>
01/4/2008	ID# 6052 CK# 3194	IOWA INDEPENDENT INSURANCE PAC 4600 WESTOWN PKWY # 200 WEST DES MOINES IA 50265		100.00	<input type="checkbox"/>
01/4/2008	ID# CK# 1041	NECA-IA 2400 WESTOWN PKWY # D WEST DES MOINES IA 50265		200.00	<input type="checkbox"/>
01/04/2008	ID# 6146 CK# 1751	HOME BUILDERS PAC DES MOINES IA		500.00	<input type="checkbox"/>
01/04/2008	ID# CK# 1686	IA PHYSICAL THERAPY PAC 8355 UNIVERSITY BLVD-#K CLIVE IA 50325		25.00	<input type="checkbox"/>
01/04/2008	ID# 6082 CK# 1308	MIDAMERICAN ECC 666 GRAND DES MOINES IA 50303		500.00	<input type="checkbox"/>
01/09/2008	ID# CK# 7475	JEFF BOCHINK 303 WOODCREEK LN MUSCATINE IA 52761		200.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2,125.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SIHOMSH OR FOR IOWA HOUSE

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NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01/09/2008	ID# CK# 16951	ENTERPRISE ANNUAL PAC 600 CORPORATE PARK DR ST. LOUIS MO 63105		\$ 250.00	<input type="checkbox"/>
01/09/2008	ID# CK# 2594	HORRATHS PAC 1 HORRATHS COURT LAS VEGAS NV 89119		500.00	<input type="checkbox"/>
01/09/2008	ID# 9659 CK# 1490	FEDERATION OF ZA INSURERS PAC PO BOX 1756 DES MOINES IA 50306		500.00	<input type="checkbox"/>
01/09/2008	ID# CK#	AMERISTAR PAC RIVER ROAD COUNCIL BLUFFS IA 51501		500.00	<input type="checkbox"/>
02/05/2008	ID# CK# 3081	BRENT SIEGRIST 204 LORI LANE COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,800.00

TOTAL (if last page of this schedule)

\$ 3,425.00

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/31/2008	ID# CK# 1055	CARTER PRINTING 1739 E GRAND DES MOINES IA 50316	PRINTING FOR BIRTHDAY CARDS	\$ 309.52
03/06/2008	ID# CK# 1057	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50319	CONTRIBUTION	4,000.00
04/15/2008	ID# CK# 1058	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50319	CONTRIBUTION	1,000.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 5,309.52
TOTAL (if last page of this schedule)				\$ 5,309.52

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE



SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
01/21/2008 02/11/2008 04/17/2008	IOWA DEMOCRATIC PARTY 5601 FLEET DRIVE DES MOINES IA	NONE	MAGNETS (3) 01/21/2008	\$ 4,000.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$
4,000.00

TOTAL (if last
page of this
schedule) \$
4,000.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)